

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PE 11/2005
11/2005
Applicant: Gary Crawford
Serial No.: 10/662,750

Attorney Docket No. CITC-1-1009

Group Art Unit: 3136

Filing Date: 18 July 2003

Examiner: HOGAN, J.S.

Title: FOAMING MACHINE

RESPONSE TO OFFICE ACTION

TO THE COMMISSIONER OF PATENTS:

AMENDMENT AND RESPONSE

BEST AVAILABLE COPY

08/03/2003 17104552 000006645 60.00

01 70-2201 100.00 00
02 70-2202 100.00 00

25315

CUSTOMER NUMBER

BLACK LOWE & GRAHAM INC

701 Fifth Avenue, Suite 4800
Seattle, Washington 98104
206.381.3300 • F: 206.381.3301

CITC-1-10092001

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10/622750

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	* <input type="checkbox"/>
INDEPENDENT CLAIMS	3 minus 3 =	* <input type="checkbox"/>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

Non compliant

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* 24	Minus	** 20 = 4
Independent	* 4	Minus	*** 3 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	RATE
BASIC FEE	375.00
OR	BASIC FEE
X\$ 9=	750.00
OR	X\$18=
X42=	
OR	X84=
+140=	
OR	+280=
TOTAL	575
OR	TOTAL

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY	OTHER THAN OR SMALL ENTITY
RATE	RATE
ADDI- TIONAL FEE	ADDI- TIONAL FEE
X\$ 9=	100
OR	X\$18=
X84=	
+140=	
OR	+280=
TOTAL ADDITIONAL FEE	TOTAL ADDITIONAL FEE

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	X\$18=
X84=	
+140=	
OR	+280=
TOTAL ADDITIONAL FEE	TOTAL ADDITIONAL FEE

RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	X\$18=
X84=	
+140=	
OR	+280=
TOTAL ADDITIONAL FEE	TOTAL ADDITIONAL FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.